

Correspondence

Child Sterilization

SIR,

If one considers only trivial cases of a problem it is very easy to deny that drastic steps have any place. Once however the whole range is considered the first viewpoint may become manifest nonsense. Yet the contributors to the BBC symposium recorded in your recent¹ issue, have fallen into this very trap. They have obviously been thinking only of girls of a minimal degree of mental sub-normality yet on the basis of this Professor Peter Huntingford, Dr Hugh Jolly and Mr Frank Hooley appear to have reached the conclusion that sterilization of a child under 16 years of age is always wrong.

Perhaps you will allow me to describe some personal cases.

CASE 1

An Indian girl of about 16 years of age whose parents were small shopkeepers in Uganda was referred to me. There was no obvious sign of any mental activity whatever; she could not speak, she was unaware of anything said to her, she could not clean herself after normal bodily functions, she would not tolerate the use of a sanitary protection during menstrual periods and yet she was physically well built. In the domestic circumstances in a small town in Uganda she could not be watched every minute of every day. She had missed three periods and her uterus was enlarged. I performed hysterectomy.

CASE 2

An elderly couple, of whom the woman is already physically incapacitated, care for their granddaughter who had been deserted by her parents. She is for a good deal of the time in institutional care but goes to them for weekends. There was some hyperspasticity of the limbs and she was physically rather

underdeveloped at the age of 11 when I was asked to see her. The patient recognized nobody and I was told that she would go home with anyone who would take her. Again she could not speak or show any evidence whatsoever of mental function. The problem in this case was that the grandfather felt that he would be unable to cope with menstrual activity when it occurred and she would be at anyone's mercy. I performed hysterectomy.

CASE 3

Lest it be said that given tight institutional care the problem of pregnancy need not arise, allow me to mention a third case which occurred in an Indian woman in her late 30s. She had just sufficient intellect to be able to communicate in a gabble with her sister and brother-in-law. She had been kept confined within their walled compound down the years, never being allowed outside. It was noticed that her abdomen was swollen and when I saw her she had a term pregnancy. It was obvious that one of the domestics had taken advantage of her but even her sister using sign language was unable to confirm this. This case illustrates that absolute protection from attack is almost impossible. Most gynaecologists have had patients referred to them who have become pregnant whilst in institutions.

Problems of child sterilization are far more complex than the printed discussion suggests. I write this letter lest the facile conclusions reached by some contributors in the debate should be given undue weight through publicity in your prestigious journal.

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¹*Journal of medical ethics*, 1, 163-167